



22883

PATENT TRADEMARK OFFICE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Rowe

Serial No.: 09/660,824

Filed: 9/13/2000

Title: A Mechanism to Survive Server
Failures When Using The CIFS
Protocol

Group Art Unit:

Not yet Assigned

Examiner:

Not yet Assigned

RECF

JUL

Technology

Attorney Docket No.: 103.1046.01

Assistant Commissioner for Patents

Washington, D.C. 20231

INFORMATION DISCLOSURE STATEMENT

Dear Sir:

This Information Disclosure Statement is submitted:

☒ under 37 CFR 1.97(b), or
(Within three months of filing national application; or date of entry of international application; or before mailing date of first office action on the merits; whichever occurs last)

☐ under 37 CFR 1.97(c) together with either a:
☐ Certification under 37 CFR 1.97(e), or
☐ a \$180.00 fee under 37 CFR 1.17(p), or
(After the CFR 1.97(b) time period, but before final action or notice of allowance, whichever occurs first)

☐ under 37 CFR 1.97(d) together with a:
☐ Certification under 37 CFR 1.97(e), and
☐ a petition under 37 CFR 1.97(d)(2)(ii), and
☐ a \$180.00 petition fee set forth in 37 CFR 1.17(i)(1).
(Filed after final action or notice of allowance, whichever occurs first, but before payment of the issue fee)

☒ Applicant(s) submit herewith Form PTO SB/08A&B-Information Disclosure Citation together with copies, of patents, publications or other information of which applicant(s) are aware, which applicant(s) believe(s) may be material to the examination of this application and for which there may be a duty to disclose in accordance with 37 CFR 1.56.



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The relevance of the attached references is that this is the closest art of which Applicant is aware. Applicant submits that the above references taken alone or in combination neither anticipate nor render obvious the present invention. Consideration of the foregoing in relation to this application is respectfully requested.

It is requested that the information disclosed herein be made of record in this application.

Respectfully submitted,

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Date of Deposit: 6-28-2001

Typed Name: Arlette Malhas, Paralegal

Signature: Arlette Malhas

Steven A. Swernofsky
Attorney/Agent for Applicant(s)
Reg. No. 33,040

Date: 6/27/01

Telephone No.: 650-947-0700



22883

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing) 		Application Number	09/660,824
		Filing Date	Sep 13, 2000
		First Named Inventor	Rowe
		Group Art Unit	Not yet Assigned
		Examiner Name	Not yet Assigned
Total Number of Pages in This Submission	5+	Attorney Docket Number	103.1046.01

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> PTO Form SB/08A&B Copies of References Return Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Steven A. Swernofsky	Reg. no. 33,040
Signature		
Date	6/27/01	

CERTIFICATE OF MAILING			
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Type or printed name	Arlette Malhas, Paralegal		
Signature		Date	6-28-2001

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